

STATEMENT OF ECONOMIC INTERESTS

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**GOVERNOR'S OFFICE
LEGAL AFFAIRS**

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Castillo	Francisco	Jose	(916) 445-4571	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
Office of the Governor, State Capitol		Sacramento	CA	95814
			OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Governor's Office

Division, Board, District, if applicable:

Press

Your Position:

Deputy Press Secretary

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Office of Maria Shriver

Position: Press Secretary

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 3

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Signature

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Francisco Castillo</u>

➤ NAME OF SOURCE
California Chamber of Commerce
 ADDRESS
1215 K Street, Suite 1400, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Int'l Luncheon Forum for Gov. Eduardo Bours Castelo

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 16 / 08</u>	<u>\$ 54.63</u>	<u>Luncheon</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

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August 30, 2007

Francisco Castillo
Office of Maria Shriver
CA State Capitol
Sacramento, CA 95814

Dear Mr. Castillo,

Listed below are payments made by the CalChamber for entertainment or gifts to you. These will be reported to the Secretary of State on the Lobbyist Employer Report (FPPC Form 635) for the third quarter of 2007. Our records indicate that you attended the event mentioned below.

<u>Date</u>	<u>Description</u>	<u>Amount</u>
August 16, 2007	International Luncheon Forum for Governor Eduardo Bours Castelo of Sonora, Mexico Hosted by: CalChamber, 1215 K Street, 14 th Fl, Sacramento Catered by: Hyatt Regency Sacramento at Capitol Park, 1209 L Street, Sacramento, CA 95814	\$54.63

If you prefer that these payments not be reported by the CalChamber to the FPPC, please forward your check in the amount shown, payable to the California Chamber of Commerce, no later than 30 days following the date of this event.

If you have any questions, please do not hesitate to contact Deanna Tibbett at (916) 930-1229.

Sincerely,

Larry Dicke
Executive Vice President/CFO

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

NAME OF SOURCE
California chamber of Commerce

ADDRESS
1215 K Street, Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY IF ANY OF SOURCE
Int'l Luncheon Forum for Gov. Bours of Mexico

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFTS
8/16/07	*\$54.63	luncheon
	\$	
	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY IF ANY OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFTS
	\$	
	\$	
	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY IF ANY OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFTS
	\$	
	\$	
	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY IF ANY OF SOURCE



DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFTS
	\$	
	\$	
	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY IF ANY OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFTS
	\$	
	\$	
	\$	

Verification	
Print Name	<u>Francisco Castillo</u>
Office, Agency or Court	<u>Office of the Governor</u>
Statement Type	<input type="checkbox"/> 2007/2008 Annual <input type="checkbox"/> Assuming <input type="checkbox"/> Leaving <input type="checkbox"/> Annual <input type="checkbox"/> Candidate
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date	
Signature	

Comments: *donor reimbursed in full on March 10, 2009.